

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		6-4-01
O.I.P.E. CLASSIFIER	MSD		6/15/01
FORMALITY REVIEW	<i>[Signature]</i>	535	08-14-01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	852	11-30-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	11/1/02
2	11/1/02
3	11/1/02
4	11/1/02
5	11/1/02
6	11/1/02
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49	11/1/02
50	11/1/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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